



# County of Los Angeles CHIEF ADMINISTRATIVE OFFICE

713 KENNETH HAHN HALL OF ADMINISTRATION • LOS ANGELES, CALIFORNIA 90012

(213) 974-1101

<http://cao.co.la.ca.us>

DAVID E. JANSSEN  
Chief Administrative Officer

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Fifth District

January 5, 2006

To: Mayor Michael D. Antonovich  
Supervisor Gloria Molina  
Supervisor Yvonne B. Burke  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe

From: David E. Janssen  
Chief Administrative Officer

## REPORT ON COUNTY EFFORTS TO PREVENT/REDUCE HOMELESSNESS IN LOS ANGELES COUNTY

On January 4, 2005, your Board directed the Departments of Public Social Services (DPSS), Children and Family Services (DCFS), Mental Health (DMH), Health Services (DHS), Community and Senior Services (DCSS), Probation, and Sheriff to report back to your Board within 60 days on departmental discharge policies and procedures. Departments were also instructed to identify barriers to successful implementation of policies and procedures and to identify plans to add or modify policies and procedures to ensure discharge of persons from County institutions to appropriate housing and connection with services. In addition to the initial report on discharge policies, your Board directed the my office, through the Service Integration Branch (SIB), to convene one or more meetings of the above-referenced departments, along with the Community Development Commission, Regional Planning, Military and Veteran Affairs, and the Los Angeles Homeless Services Authority, to discuss coordination of the discharge practices among County departments and enhancement of service integration for the benefit of at-risk and homeless persons. Your Board directed SIB to report back within 120 days on the discharge policy coordination and enhanced service integration.

On March 10, May 6, and July 11, 2005, my office provided status reports that informed you of ongoing meetings and identified the efforts to date. The reports also included a Discharge Policies matrix which was updated to incorporate additional information as it became available. Three overarching factors contributing to the crisis of homelessness were made clear: 1) the lack of permanent, affordable housing; 2) insufficient resources

and funding to help clients achieve and sustain self-sufficiency; and 3) the severe psycho-emotional impairment of clients related to and exacerbated by substance abuse and/or mental illness. The reports mapped out the goals of the Work Group related to what needed to be accomplished and a plan for achieving the goals.

This collaborative effort clearly demonstrated the duplicative efforts of multiple groups (e.g., the Prevention and Mainstream Systems Work Group of the Bring LA Home Project, the Mental Health Services Act (MHSA) planning process, and the New Directions Task Force Special Needs Housing Alliance), which involve many of the same departments and representatives and, in some cases, result in the same recommendations. The Discharge Policies Work Group recognized the need to ensure duplicative activities are minimized and efforts are well coordinated and aligned to maximize resources.

The Discharge Policies Work Group developed a list of 33 proposed priority actions to reduce homelessness of persons discharged from County institutions. The recommendations are included in the Discharge Policies Matrix (Attachment I). Pertinent elements of the discharge recommendations have been strategically combined with the work of a group led by DPSS, including staff from DMH, DHS, DCFS and my office, which developed recommendations focused on the Skid Row chronic homeless population. The resulting product is described in Attachment II, *Actions to Prevent and Reduce Homelessness in Los Angeles County*, which identifies a series of linked recommendations to deal with the chronic homeless population. Your Board conceptually endorsed these recommendations on December 20, 2005, noting that you would not consider approving the recommendations until information on the implementation costs was provided. Staff has not completed compiling implementation costs and time line information for all of the Discharge Policies recommendations, including some major recommendations; however, the matrix does provide cost assessments and time lines for many of the recommendations.

DPSS convened a Skid Row work group, noted above, and submitted reports, including a series of recommendations to your Board, on October 20 and November 17, 2005. The final report will be submitted to your Board on January 17, 2006.

In addition, it is important to note that DMH's MHSA Community Services and Support (CSS) plan, as approved by your Board on October 11, 2005, will utilize resources available through MHSA to provide services to individuals with mental illness who are homeless or at risk for homelessness. These services are outlined in Attachment I and include: Full Service Partnerships which will support a number of the discharge operations; Service Area Navigator Teams; establishment of a special Housing Fund; housing specialists for each Service Planning Area (SPA); and an expanded capacity for residential programs that provide integrated treatment for co-occurring mental illness

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and substance abuse. Final State approval of the plan and funding is expected within the next 30 days. As noted above, these new programs will be coordinated with the efforts of other departments to maximize available resources.

In an effort to align the multiple homeless activities, we have also considered your Board's approval of Mayor Antonovich's November 29, 2005 motion regarding Skid Row and DHS patient discharges. Directions issued within that motion as they relate to discharge are integrated into the review of DHS, DMH, and Sheriff discharge policies/protocols and are addressed by recommendations developed by the Discharge Policies Work Group. The direction in that motion to review the feasibility of a pilot program placing DPSS eligibility workers on-site at County Medical Centers, is being assessed through a survey of all patient releases between December 15, 2005 and January 15, 2006, to measure the need. The issue of resources will be addressed according to the results of the survey. In addition, the response to the direction to provide an update of the DHS Homeless Coordinator's Homeless Services Action Plan will be provided separately by DHS.

On February 28, 2006, DPSS, DCFS, DHS, DMH, Probation, Sheriff, CDC, and CAO will file a joint Board letter requesting your Board's approval of the recommendations conceptually approved by your Board on December 20, 2005, cost assessments, and timelines developed by the efforts described above. If approved, departments will begin actions to implement the recommendations. If you have questions or need additional information, please contact me, or your staff may contact Lari Sheehan at (213) 893-2477 or [lsheehan@cao.co.la.ca.us](mailto:lsheehan@cao.co.la.ca.us).

DEJ:LS  
KH:MDC

#### Attachments

c: Leroy D. Baca, Sheriff  
David B. Sanders, Ph.D., Department of Children and Family Services  
Thomas Garthwaite, M.D., Department of Health Services  
Marvin Southard, DSW, Department of Mental Health  
Bryce Yokomizo, Department of Public Social Services  
Paul Higa, Probation Department  
James E. Hartl, Regional Planning  
Cynthia Banks, Community and Senior Services  
Joseph N. Smith, Department of Military and Veterans Affairs  
Mitchell Netburn, Los Angeles Homeless Services Authority



People Assisting The Homeless

340 North Madison Ave  
 Los Angeles, California 90004  
 Tel (323) 644-2200  
 Fax (323) 644-2288  
[www.epath.org](http://www.epath.org)

## Proposed County-wide Regional Homeless Centers (Stabilization Centers)

January 2006

### 1. **Motion** Proposed by Los Angeles County Board of Supervisors

December 20, 2005: "Create regional stabilization centers to serve persons discharged from County jail with no identified place to go as well as to provide an alternative to jail for law enforcement who arrest a homeless person with mental illness and/or substance abuse for a minor offense. Mental health, substance abuse, social service, and economic support services would be provided at the stabilization centers by teams of experts. Additionally, each person served through the stabilization centers would be connected with appropriate supportive housing prior to leaving the centers."

### 2. **Vision**

Add stabilization center components to existing County-wide Homeless Access Centers. A Regional Homeless Center will be located in each County Supervisorial District, and become a full-service, one-stop center for homeless service referrals, homeless response teams (Street Outreach), law enforcement connections, medical facility discharge, and public referrals. These centers will be open 24 hours, seven days per week.

### 3. **Target Population**

- a. People who are chronically homeless on the streets of Los Angeles County.
- b. Homeless people referred by other homeless or social service agencies.
- c. Public referrals by public and private community entities.
- d. Walk-ins who identify themselves as homeless or at-risk of being homeless.
- e. Homeless persons with mental illness and/or substance abuse who are arrested for minor offenses and are in need of service connection.
- f. Persons who are discharged from County jail who have no place to go, other than the streets.
- g. Persons leaving the County medical care system.

### 4. **Basic Minimum Services Provided By Regional Homeless Centers**

- a. Interim Housing (Emergency Shelter)
  - i. Provide an emergency bed for up to 30 days.
  - ii. Provide a clean and secure environment that includes food, clothing, bathing facilities, and emergency housing.

- iii. Provide case management services that will assist a person in developing a short-term plan for housing, healthcare, employment, and other
- b. Mental Health Care
  - i. Provide mental health counselors who can stabilize people at the centers. (If law enforcement deem a person unstable enough to threaten oneself or others at the facility, they will take them in custody for 72 hours –also called a “5150”).
  - ii. Provide a stable environment with a clean and secure shelter bed.
- c. Substance Abuse Treatment
  - i. Provide a substance abuse treatment counselor who can stabilize people at the centers. (Person must be deemed stable enough not to threaten oneself or others at the facility.)
  - ii. Provide a stable environment with a clean and secure shelter bed.
- d. Housing Placement Specialists, Housing Data Base, “Homeward Bound”
  - i. Provide housing placement specialists who will assist persons in locating transitional and permanent housing.
  - ii. Assist clients in locating affordable housing, credit counseling, tenant rights, rental agreements, and moving.
  - iii. Each Regional Homeless Center will have a data base that contains affordable housing availability, transitional housing availability, Section 8 landlords, social service providers, etc.
  - iv. “Homeward Bound” program is a family reunification program that helps a person return to their family and community. The program would fund transportation costs.
- e. Employment Services
  - i. Provide employment specialists who will assist people in job readiness, job skills training, employment coaching, and linkage to community employers.
  - ii. Provide money-management training.
- f. Referral Services
  - i. Access to public benefits.
  - ii. Provide access to onsite or offsite social services. This would include: family services, legal services, homeless court, HIV/AIDS counseling & testing, Traveler’s Aid (family reunification), veterans services, mail services, GED education, etc.

## 5. Timeline

- a. Current Homeless Access Centers are operational. However, many do not have the capacity to be Regional Homeless Centers immediately.
- b. Set up pilot project(s) with one (or two) larger Homeless Access Centers.
  - i. This could be accomplished within 3 to 6 months. (If the funding is available.)
  - ii. Possible pilot sites that currently have emergency shelter and full services on-site:
    - 1. PATH Mall – East Hollywood, outside of Downtown Los Angeles.
    - 2. Midnight Mission – Central City East (Skid Row).
    - 3. Ocean Park Community Center/SAMOSHEL – Santa Monica
- c. Develop five Regional Homeless Centers, one in each Supervisorial District.
  - i. This could be accomplished within 12-18 months. (If the funding is available.)

- ii. A capacity assessment of the current Homeless Access Centers would need to be done.
- iii. Setting up capacity means contracting with service agencies specializing in specific areas (mental health, substance abuse, housing placement, and employment) who would locate at each Center.

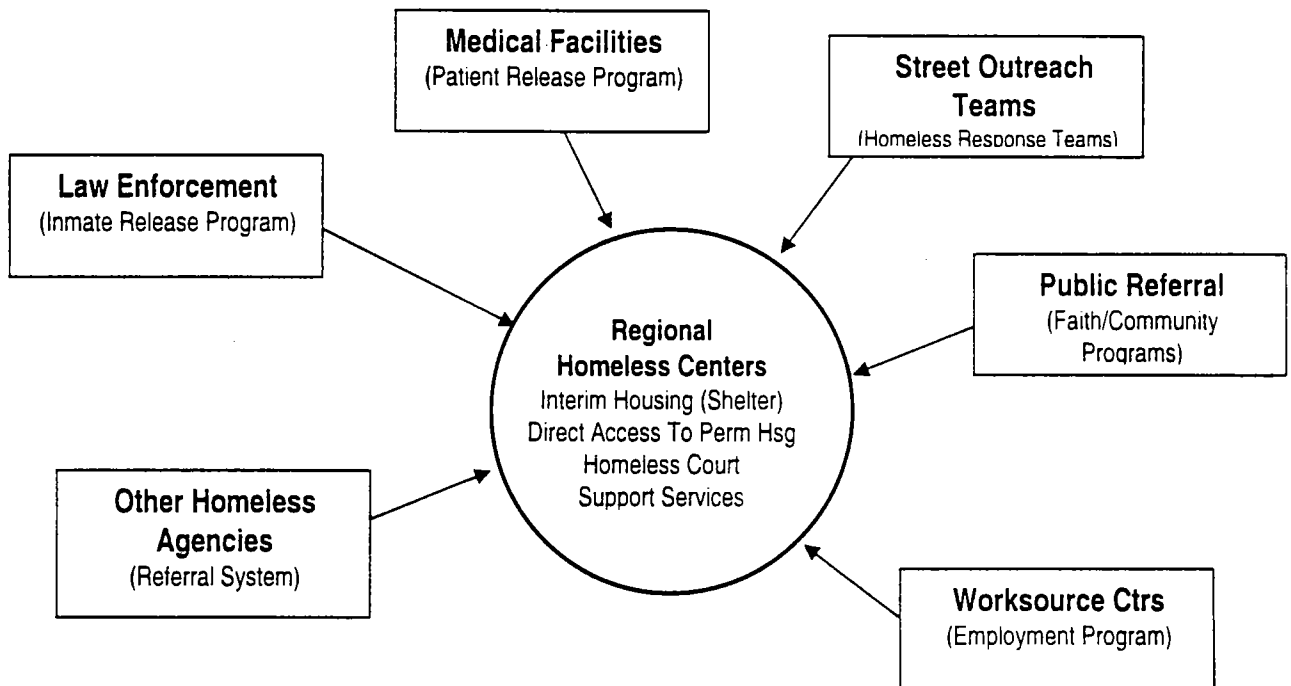
## 6. Funding

- a. When such a system is developed, cost savings from unnecessary emergency room visits and incarceration could help fund establishing this new system.
- b. Emergency beds could be "rented" at existing emergency shelters until new emergency shelter beds are added to the system.
- c. Existing Homeless Access Centers are currently funded by the Department of Housing and Urban Development's Supportive Housing Program (SHP). These centers are funded at approximately \$300,000 to \$400,000 per year. Nonprofit groups are required to provide matching funds (approximately 25%).
- d. Existing and New supportive services (mental health, substance abuse, employment) could be funded through other departmental funds.

## 7. Budget

- a. See draft budget worksheet.
- b. Section A budget describes the Access Center budget. Most of this budget is funded through HUD SHP funding.
- c. Section B budget describes the new Stabilization Center component. This would be new funds. Stabilization Center budget is larger than a typical Access Center budget because it operates 24 hours per day, seven days per week (168 hours per week.) An Access Center is typically open eight hours per day, five days per week (40 hours per week.)

## 8. Sample Flow Chart



## Homeless Access Centers/Stabilization Centers

### Worksheet

Target Population	Minimum Onsite Services Needed	Referral Offsite Services Needed**	Resources Needed	Cost	Outcomes
<b>Section A. Existing Homeless Access Centers</b>					
Chronic Homeless on the Streets	Case Management	Interim Emergency Shelter	Each Access Center is different.	Funded by HUD SHP grants	<i>A specific number of people in case management</i>
Homeless referred by other agencies	Food/Clothing	Mental Health counseling	Some are full-service one-stop centers.	Referral services are funded by specific grants.	<i>A specific number of people referred into transitional housing</i>
Public Referrals (faith/business community)	Showers	Employment Services	Others are referral centers.		<i>A specific number of people placed in permanent housing</i>
Walk-ins	Rest Rooms	Homeless Court	Resources needed depend on each Access Center		
	Referral System	Medical Care	Centers typically operate regular business hours--5 days per week.		
		Substance Abuse Treatment			
		Access to Public Benefits			
		Family Services			
		Legal Services			
		HIV/AIDS Counseling & Testing			
		Traveler's Aid			
		Access to Permanent Housing			
		Veterans Services			
		Mail Services			
		GED			
		** Each center is different. Some centers have these offsite services onsite.			

Target Population	Minimum Onsite Services Needed	Referral Offsite Services Needed	Resources Needed	Cost	Outcomes
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### Section B. Proposed Stabilization Centers Linked to Access Centers

<u>Law Enforcement:</u> 1. Alternative instead of booking homeless persons with mental illness and/or substance abuse who are arrested for minor offenses and are in need of service connections  2. Persons who are discharged from County Jail system who have no place to go, other than the streets  <u>Other Discharges:</u> 3. Persons leaving the medical care system	Mental Health Counselor (and medication?)  Substance Abuse Counselor  Interim Emergency Bed  Access to other homeless services Center to be open 24 hours per day, 7 days per week Food/Clothing Showers Rest Rooms Referral System	Same as Access Centers	Mental Health Counselor (3 shifts per 24 hour period)  Substance Abuse Treatment Counselor (3 shifts per 24 hour period) 24 hr Security (already established in Access Centers)  15-30 Shelter Beds	See budget below	<i>Stablize person for up to 72 hours</i>  <i>Transition them into Transitional Housing or Permanent Supportive Housing</i> <i>Mainstream them into homeless service system</i>
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## **ACTIONS to PREVENT and REDUCE HOMELESSNESS in LOS ANGELES COUNTY**

The Departments of Public Social Services, Mental Health, Health Services, Children and Family Services, and Sheriff, Chief Administrative Office, and Community Development Commission, propose the following priority actions to prevent and reduce homelessness in the County.

### **Proposal**

#### **1) Create 24-hour, multi-disciplinary/interdepartmental Stabilization Centers**

Create strategically-located Stabilization Centers throughout the County to be used by law enforcement as an alternative to booking homeless persons with mental illness and/or substance abuse who are arrested for minor offenses and who are in need of service connections. The Stabilization Centers would be equipped to provide short-term shelter and assist persons to connect with appropriate supportive services. In addition, the Stabilization Centers would serve persons who are being discharged from County jails and have no identified place to go.

Stabilization Centers would be staffed with mental health, health, substance abuse, and social service experts who would deal with current issues and seek to arrange for appropriate housing with supportive services upon discharge.

#### **2) Create Homeless Courts**

Work with Superior Court to establish a number of Homeless Courts with the goal of quickly diverting mentally ill homeless offenders, who may have co-occurring substance abuse issues and frequent contact with the criminal justice system, out of the criminal justice system and into appropriate mental health treatment at the earliest possible point after arrest. Homeless Courts are also critical to achieving the outcomes desired for the Stabilization Centers by issuing a potential court order remanding an arrested homeless person to a Stabilization Center. (Homeless Courts could be located at the Stabilization Centers.) Without court intervention/direction, it may be difficult to get homeless offenders to enter the Stabilization Centers and thereby connect with needed services.

The courts would be staffed by judges, and personnel from the District Attorney, City Attorney, Public Defender, court monitors, i.e., Homeless Court liaisons, Probation Department, and law enforcement.

#### **3) Create a Housing Data Base**

This data base would serve as a tool for social workers and housing locators by assisting them with service and housing opportunity referrals. The data base would be populated with a complete, real-time listing of: completed affordable housing developments, those under construction, as well as market rate housing located throughout Southern California; listings for Section 8 landlords, owners, and managers of affordable housing developments;

landlords of private market rentals; and locations of health and human services providers per geographic region including a list of the services provided at the sites. The data base would work in concert with a toll free call center that helps landlords list and tenants search for properties, while providing continuous property availability updates.

The consultant providing the data base service would host and maintain the service and work closely with a liaison knowledgeable of County services, housing availability, and housing needs for County clients. The liaison would have a central point of contact at County health and human services departments and would then provide ongoing updates of data to the host agency based on information provided by departments.

#### **4) Housing Locators/Housing Specialist**

Instruct all discharging departments or groups thereof, to establish at least one Service Planning Area (SPA)-based team of housing locators/specialists in each SPA responsible for helping clients of the County's health and human services departments overcome barriers to obtaining permanent housing. The locators/specialists would rely heavily on the data base described under action #3 with the development and cultivation of a network of Section 8 landlords and would assist clients with: a) locating affordable housing and services; b) credit counseling; c) educating clients regarding tenant's rights; and d) assisting clients with rental agreements and moving. The housing locators would remain accessible to the individual landlord and client once he/she/family has moved into a housing unit.

#### **5) General Relief (GR) Housing Subsidy and Case Management Pilot**

The pilot would serve approximately 1,300 homeless General Relief (GR) participants and would provide \$336 for rent. The payment would include \$200 per month in rental subsidy per client, which would be coupled with at least \$136, paid from the GR grant, that the participant would be required to use for rent. Participants in the pilot would also receive case management and, as needed, mental health and substance abuse treatment services. The pilot would target GR participants who are seeking employment, pursuing SSI benefits, or chronically homeless.

#### **6) DPSS Applications at County Jails**

Currently, DPSS takes benefit applications at the Twin Towers Correctional Facility for inmates about to be released who were on SSI prior to their incarceration, or for those deemed potentially eligible for SSI. DPSS is exploring the possibility of expanding this project to include other aid programs and/or other categories of inmates, and/or other jails. DPSS could outstation additional DPSS staff at the Twin Towers and/or Men's Central Jail to assist individuals exiting jail in applying for CalWORKs, GR, Food Stamps, and Medi-Cal benefits.

#### **7) DPSS Applications at County Medical Centers Pilot**

DPSS proposes to co-locate Eligibility Workers (EWs) at two County Medical Centers to assist homeless individuals and those at-risk of homelessness who are being discharged from the Medical Centers in applying for CalWORKs, GR, Food Stamps, and Medi-Cal benefits. If the pilot is successful, EWs could then be co-located at all County Medical Centers. (Note: Implementation of this pilot is contingent on the results of a survey currently being conducted at all County Medical Centers to determine the number of homeless patients who may be eligible for DPSS benefits.)

**DISCHARGE POLICIES WORK GROUP  
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
<b><i>Sheriff's Department</i></b>				
1. <b><i>Sheriff. Stabilization Centers</i></b>	Create 24-hour, multi-disciplinary/interdepartmental Stabilization Centers with short-term shelter beds, one in close proximity to the Central Jail and others located regionally. It is intended that the Stabilization Centers will serve two homeless or at-risk homeless populations: 1) those being released from County Jail with no identified place to go; and 2) homeless persons with mental health and/or substance abuse issues who have been arrested for minor offenses. The purpose of the Stabilization Centers is to provide temporary housing and triage of these homeless persons and then connect them with more permanent housing and health and human services programs.	<p>Sheriff is exploring the possibility of funding coordination efforts via Mental Health Services Act (MHSA) funding; however, County General Fund contribution will probably be needed.</p> <p>The People Assisting The Homeless (PATH) Chief Executive Officer has provided a definition and an estimate of the costs for the provision of an "ideal" Stabilization Center. This ideal model builds on the use and expansion of an existing regional homeless access center. There are currently 18 such centers in the County which are generally funded through HUD Supportive Housing Program Funds. The PATH paper is attached (Exhibit A) and will serve as a point of departure for the work group described in the Comments section to the right.</p>	Long-term (over six months).	A work group consisting of private homeless service providers and County departments (Sheriff, CDC, CAO, DHS, DMH, DPSS) has been convened to develop the cost and time line for implementation. Initially, it is intended to implement five Stabilization Centers; one in each Supervisorial District. To build on existing infrastructure, the work group will consider expanding existing regional Homeless Access Centers and/or drug/alcohol Community Service Access Centers as Stabilization Centers. The Work Group's first meeting was held on January 4, 2006.
2. <b><i>Sheriff (Superior Court): Homeless Courts</i></b>	Create Homeless Courts, in partnership with Superior Court, possibly located at Stabilization Centers. The purpose of the Homeless Courts is to quickly divert homeless persons with mental illness and/or substance abuse issues who are arrested for minor offenses from jail into appropriate treatment and housing.	Annual administrative cost estimated at \$80,000.	Long-term (over six months)	A work group has been established to develop the plan for creating the courts. The work group will include Superior Court, District Attorney, Public Defender representatives as well as the Sheriff, CAO, DMH, and private parties such as the Public Counsel.
3. <b><i>Sheriff (DMH): Inmates with Mental Illness</i></b>	Identify additional funding streams to offset the cost of mental health prescriptions for inmates; and develop a pre-release protocol with DMH to ensure that released inmates do not experience "gaps" in	Sheriff is exploring alternative funding options.		Sheriff currently funds medications in the jail. DMH conducts assessments of inmates with mental health needs.

**DISCHARGE POLICIES WORK GROUP  
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
4. <i>Sheriff (DCFS):</i> <b>Title IV-E</b>	medication upon discharge. Explore the possibility of identifying jail inmates who are former foster youth (ages 18-21) and who were in the foster care system on or after their 16 <sup>th</sup> birthday) through the Sheriff's Jail Inmate Classification System (JICS). Once identified, these inmates will be provided with information materials regarding Transitional Resource Centers, services and benefits for which they may be eligible.	Sheriff is exploring the possibility of adding a question regarding an inmate's former foster care status to its classification process. Costs to be identified.	Short-term (less than six months).	DCFS materials that identify program benefits are currently available and can be provided to potentially eligible persons.
5. <i>Sheriff:</i> <b>Connecting Homeless Female Inmates with Their Children</b>	Expand on model that allows homeless female inmates to live with their child(ren) for two days/nights to experience a "family living situation" and prepares them for successful discharge. Program to include academic classes, parenting skills, and participation in job training and incentive programs. (Paul Newman Foundation for Homeless Women funds similar models.)	Total additional staffing needs are estimated at a cost of \$1.7 million: 7 Deputies 15 Custody Assistants 1 Supervising Nurse 1 Nurse Practitioner 1 Staff Nurse	Budgetary issue: Consider during 2006-07 Budget Deliberations.	Improves the ability of homeless female inmates to become successful parents.
6. <i>Sheriff:</i> <b>Job Training</b>	Create mini-career centers within the County jails/Pitchess Detention Center modeled after DPSS' GAIN program and the LA Works Mini-Career Center.	Sheriff has \$50,000 set aside per year, for three years.	Short-term (three months).	Funds will be disbursed within 30-days to LA Works to create a mini-career center in the jail targeting the high rate of unemployment of inmates transitioning from the jail system.
7. <i>Sheriff:</i> <b>Community Transition Unit Staffing</b>	Increase staffing for the Sheriff's Community Transition Unit (CTU), to improve assistance with transition of inmates from custody to the community (i.e., discharge, including follow-up with inmates post release). Develop partnerships/collaborations with other County departments that have resources to assist with the Sheriff's diverse population. Continue to seek collaboration with organizations that embrace Sheriff clients; seek to assure Sheriff discharge plans include linkages to essential housing, and other community services and support.	Total additional personnel needed to expand program are estimated at a cost of \$4.7 million:  45 Custody Assistants 4 Sergeants 2 Psychiatrists 2 Nurses 2 Social Workers 2 Supvg. Operations Assist I 5 Admin. Services Manager III's	Budgetary issue: Consider during 2006-07 Budget Deliberations.	Funding will help fill the gaps in the transition process that have been identified. For example, the CTU would be expanded to all jail facilities (CRDF where the females will be housed and released, Pitchess North, Pitchess East, NCCF) to allow those inmates to be case managed properly. Currently, the CTU is only downtown and is not 24-hours per day. Funding would allow for better discharge planning, including a psychiatrist, nurse, and social worker available to ensure that the transition from jail is comprehensive and successful. Funding would also allow the Sheriff to link and collaborate well with other agencies and to be an effective partner in efforts dealing with homelessness, HIV issues, substance abuse, benefits, etc. Currently, many agencies work with inmates in and out of the jails, but effective partnership and collaboration is lacking.

**DISCHARGE POLICIES WORK GROUP  
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
8. <i>Sheriff (DHS, DPSS, DCFS, DMH, Military and Veteran's Affairs):</i> <b>Outreach Teams</b>	Implement multi-departmental/agency outreach teams, including law enforcement, Public Health, DMH, a Clinician from Skid Row Homeless Healthcare Initiative, and nonprofits (e.g., LA Mission), to engage homeless clients who are unable or unwilling to seek services. The segment of this population that also have mental illness will be the focus for DMH's Full Service Partnerships. Programs that receive Full Service Partnership funds for this population will be hiring staff that will be doing intensive outreach and will be part of these teams.	Outreach workers hired by Full Service Partnership Programs will be funded by MHSA funds. It is estimated that this funding will be available in March 2006. DMH plans to enroll approximately 565 individuals who are homeless and have a mental illness into Full Service Partnerships at any given time at an average cost of \$15,000 per individual annually.  Sheriff has estimated the annual cost of the mobile outreach vehicle to be \$165,000. (See "Comments")	Short-term: Full Service Partnership Program to be implemented in March 2006.	Details are currently being worked out in relation to appropriate staffing, costs, funding offsets, etc. It is recommended that the team operate, at a minimum, for three days per week, four hours per day. The Sheriff has volunteered to provide, at cost, a truck/trailer as well as a deputy to serve as driver/security that can be used as a mobile outreach vehicle. DMH will work with its existing AB 2034, and ACT programs, MET/SMART, PMRT, and Service Area Navigators to coordinate outreach and engagement for this population. Service Area District Chiefs will coordinate this effort with the communities in their Service Areas. Client street outreach and engagement is best done by Full Service Partnership Programs that have use of Client Supportive Services Funds. This goes beyond the limits of a Service Area team and its resources. DCFS will coordinate services with the other named departments.
9. <i>Sheriff:</i> <b>Maintenance of Supplemental Social Security (SSI) Insurance Benefits and Coordination of Benefit Receipt with Jail Transition Services</b>	Develop pre-release agreements with the Social Security Administration (SSA) to implement a "pre-release procedure" that establishes eligibility for SSI payments upon release from custody. The pre-release procedure applies to penal institution cases. Ensure ongoing collaboration between organizations related to jail transition, to ensure that an inmate's benefits/income, housing, and interactions with the justice system are coordinated to ensure a successful transition.	Sheriff is exploring the possibility of funding coordination efforts via MHSA funding. However, this issue is important enough to request County General Fund support for a staff position in the Sheriff's CTU dedicated to establishing coordination/collaboration protocols with the SSA and other organizations involved in jail transition.	Short-term (less than six months)  Budgetary issue: Consider during 2006-07 Budget Deliberations.	Sheriff to provide details of how they will successfully re-establish SSI benefits for discharged inmates who received benefits prior to incarceration. For example, the Sheriff's CTU processes SSI paperwork prior to release to ensure \$200 in benefits is received by the inmate upon discharge. Sheriff would like a position assigned to the CTU and dedicated to liaison with SSA and other organizations and agencies involved in jail transition. This recommendation is consistent with recommendations coming out of the SSI/SSDI Outreach, Access and Recovery (SOAR) process, a Federally-funded technical assistance program to improve access to SSA Disability Benefits.
10. <i>Sheriff (DMH):</i> <b>Homeless Transportation Program for Mentally Ill</b>	Expand contracts with service providers to transport discharge clients to specific housing and support service situations. Initial expansion would be with the Volunteers of America (VOA) to increase transportation service from the jail on a 24/7 schedule and to a wide array of area community service providers.	\$99,000 from Inmate Welfare Funds to fund one year pilot with the VOA to be administered by the Inmate Reception Center (IRC); downtown LA service. The estimated cost for the expansion to all Supervisorial	Short-term (less than three months).  Long-term (over six months)	In 2000, the Volunteers of America (VOA) and the Sheriff's CTU worked together to create a program where VOA would provide transportation from the IRC to the VOA Drop-in Center in downtown Los Angeles throughout the day and night. Pickup times were posted throughout the release area. In 2003, VOA applied for a pilot project to expand the transportation program. This would include

**DISCHARGE POLICIES WORK GROUP  
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
		Districts is approximately \$400,000 annually.	Budgetary issue: Consider during 2006-07 Budget Deliberations.	<p>those individuals who had identified appointments or places to go to when released from the jail so that they were not released with nowhere to go.</p> <p>VOA will receive \$99,000 to increase transportation service from the jail on a 24/7 schedule and to a wide array of area community service providers.</p> <p>While it is estimated that VOA currently serves individuals from all Supervisorial Districts, the Sheriff would eventually like to see a driver assigned to each District that coordinates with the courts.</p>
<b>Department of Health Services</b>				
11. <i>DHS:</i> <b>Social Worker Training – Systems Navigators</b>	Provide ongoing training to social workers in each County hospital on resources (housing, shelter, community-based organizations (CBOs), interfaith groups, etc.); and ensure that an accurate assessment of housing, health care, and support needs of individuals with no fixed address is completed prior to discharge.	Two full-time equivalent (FTE) positions for four facilities at \$61,424 per year per Clinical Social Worker.	Need approximately six months to hire and train. Curriculum still in development; need to collaborate with Hospital Council.	
12. <i>DHS:</i> <b>Social Security Administration (SSA)/DHS Liaisons</b>	Hire two SSA/DHS liaisons to cover the four DHS Healthcare Networks to initiate, streamline, and follow-up on DHS client SSI applications and to assist SSA and Disability Determination Services (DDS) by accessing and submitting appropriate medical records for SSI application processes.	Approximately \$190,000 per year (\$65,000 for salary and benefits for each liaison; \$30,000 for administrative costs).	Long-term (12 months).	
13. <i>DHS:</i> <b>Residential Treatment and Recovery Beds</b>	Increase the number of residential treatment and recovery beds to provide ready access for homeless persons.	Residential treatment services on Skid Row average \$42 per bed, per day, or \$15,120 annually. This basic rate will significantly increase based on type of service provided and population served.	RFP would take approximately one year to complete from writing it to the beds actually being available for use.	<p>DHS Alcohol &amp; Drug Program Administration (ADPA) currently contracts with CBOs to provide, among other things, approximately 2,000 alcohol and drug program treatment beds Countywide. It also provides partial funding for the County-operated Antelope Valley Rehabilitation Center's 500 bed residential treatment programs.</p> <p>All beds are routinely full and all programs usually have waiting lists for admission. In addition, many of these beds are committed to other County</p>

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				departments that have also provided funding. Therefore, in order to have beds that are readily accessible by homeless persons, additional beds need to be developed.
<b>Department of Mental Health</b>				
14. <b>DMH: Children's Inpatient Clinical Case Management (CCIM) Unit</b>	Increase CCIM unit's staffing resources to allow more intensive and timely consultation services prior to client discharge, which will help to ensure that individuals under 18 are discharged to stable housing and linked to mental health services.	<p>Proposed staff at a cost of \$600,000 per year is:</p> <ul style="list-style-type: none"> <li>4 Psychiatric Social Workers</li> <li>1 Mental Health Counselor</li> <li>1 Registered Nurse</li> <li>2 Supervising Psychiatric Social Workers</li> <li>1 Intermediate Typist Clerk</li> </ul> <p>It is anticipated that 80-90 percent of these costs would be offset by Medi-Cal revenue. Approximately 50 percent of the cost would be offset with Medi-Cal Federal Financial Participation (FFP) for individuals with Medi-Cal. The remaining funding would need to be identified for the program. MHSA will not fund this expansion.</p>	Short-term (less than six months) contingent on hiring time lines.	Increased resource development should be a primary feature of any plan to address potential for homelessness with this population (i.e., including access to in-home mental health services, respite care, increased benefits establishment, and specialized residential placements).
15. <b>DMH: Safe Havens</b>	Develop two Safe Havens, as defined by HUD, for clients who are chronically homeless and mentally ill who are not connected to any mental health services and for whom traditional housing services have not been effective.	MHSA plan submitted to the State included \$1 million for services and operational costs to support the development of two new Safe Havens. Funds should be available in January 2006.	Long-term (implementation to begin March 2006 with completion in late 2007).	Safe Havens (25 beds each) provide a permanent, low demand (not a lot of rules) housing option that targets people who have been unsuccessful in other housing options or have not been previously engaged in mental health services and supports.
16. <b>DMH: Patients' Rights</b>	Increase the number of Patients' Rights Advocates to provide advocacy and linkage services to mental health clients who are located in Men's Forensic Outpatient Program (FOP-all pods) at the jail and the Women's Jail.	DMH is planning to provide two full-time Mental Health Coordinator II positions, funded by MHSA, at a cost of	Short-term (less than six months).	This will link with the Outreach Teams: See Item 8 under Sheriff and DMH Item 17. This will link with the "Inmates with Mental Illness:" See Item 3 under Sheriff.

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		\$147,110 per year.		
17. <i>DMH (Sheriff):</i> <b>Full Service Partnerships</b>	Ensure that inmates are assessed for, and linked to, the Full Service Partnerships. The MHSA plan includes jail transition and linkage services. The jail linkage team will outreach, engage, and enroll incarcerated individuals diagnosed with mental illness into appropriate mental health services and supports including Full Service Partnerships.	To be funded by MHSA funding in January 2006. The plan includes \$796,000 to hire jail linkage staff. DMH plans to enroll 450 individuals directly from the jail in Full Service Partnerships at any given time, beginning in March 2006, at an average cost of \$15,000 per individual. In addition, an average of 300 individuals are currently enrolled from the jail in AB 2034 at any given time at a cost of \$11,000 per individual.	Short-term (less than six months), possibly by April 2006.	Currently in the development stage. Full Service Partnerships provide a wide array of services and support to help individuals (e.g., housing services, employment services, peer support services, and integrated mental health services, for individuals with co-occurring mental health and substance abuse disorders). There is a commitment to partner with individuals and families, where possible and appropriate, to identify the needs and preferences of the client as the foundation for the plan that will promote the individual's recovery and wellness.  This will link with the Outreach Teams: See Item 8 under Sheriff.
18. <i>DMH (Sheriff):</i> <b>Mental Health Court (MHC)</b>	Create an MHC which targets individuals with co-occurring substance abuse and mental illness, many of whom will be homeless and have frequent contact with the criminal justice system.	DMH is in the planning process with other stakeholders to develop an MHC. The goal will be to link individuals from the MHC into Full Service Partnerships as a diversion to the criminal justice system. DMH has estimated that approximately 75 individuals would be served by the MHC at any one time.	Short-term (less than six months), possibly by April 2006.	DMH will also develop a "Homeless Court" concept with stakeholders.  See Item 2 under Sheriff.
19. <i>DMH:</i> <b>Countywide Resource Management</b>	Centralize management of DMH Countywide acute inpatient (uninsured), institutional, and intensive and supportive residential bed resources, which will coordinate functions and maximize flow between higher levels of psychiatric care and provide linkage to community-based mental health services and supports. This program will help mitigate the numbers of individuals being	To be funded by MHSA in January 2006. The plan includes \$250,000 which includes salaries, benefits, and administrative costs for: 1 District Chief	Short-term (less than six months), possibly by April 2006.	The program will provide coordination, linkage, and integration of DMH inpatient and residential bed resources, including acute inpatient beds (uninsured), Institution of Mental Disease (IMD), State hospitals, and intensive residential programs. Coordination throughout the system will reduce



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	discharged from institutional settings into homelessness.	1 Mental Health Analyst II To provide administrative, fiscal, and clinical utilization management for 1,200 acute and residential beds at any given time.		hospitalization, incarceration, and the need for institutional care, while increasing the potential for community living and recovery.  Links to Sheriff Item 8 and DMH Items 17 and 18.
20. <i>DMH:</i> <b>Residential and Bridging Services</b>	Ensure that individuals with mental illness who are being discharged from institutional settings, including County hospitals, County-contracted private acute inpatient beds (for the uninsured), and intensive and supportive residential programs, are linked to appropriate levels and types of mental health and supportive services including residential, substance abuse, and other specialized programs on discharge. The program will be under direction of the DMH Countywide Resource Management Program.	To be funded by MHSA in January 2006. The plan includes \$1.2 million annually to provide: 8 Psychiatric Social Workers 2 Supervising Psychiatric Social Workers 5 Peer Advocates/Bridgers	Short-term (less than six months), possibly by April 2006.	DMH program liaisons and peer advocates/bridgers will assist in the coordination of psychiatric services and supports for individuals being discharged from County hospital psychiatric emergency services and inpatient units; County-contracted acute inpatient beds; long-term residential resources; and crisis, intensive, and supportive residential facilities. Program liaisons will provide linkage for individuals with mental illness to Full Service Partnerships, Service Area System Navigators, Impact Teams, MHC, substance abuse and residential programs, to ensure individuals are not discharged into homelessness.  Some individuals from the jails are sent on 5150's to County hospitals and subsequently are admitted to County inpatient units. The Residential and Bridging Services will provide DMH staff in the County ERs and inpatient units who will link these individuals to State hospitals, IMDs substance abuse and residential programs, Full Service Partnerships, System Navigators, and other community-based services as clinically appropriate. Linkage from the jail to outpatient services will be through the DMH Jail Linkage program who will link to Full Service Partnerships in item 17.  Also links with Sheriff item 8 and DMH 18 and 19.
<b>Department of Public Social Services</b>				
21. <i>DPSS:</i> <b>Benefits for Families/ Individuals Exiting Other Systems</b>	Expand linkages with other departments and agencies (DCFS, Probation, Sheriff, Courts, Public Defender, and DHS) to connect families/individuals exiting these systems with CalWORKs, Food Stamps, General Relief, and/or Medi-Cal.	DHS and the Sheriff are currently conducting surveys, in collaboration with DPSS, to identify the potential costs of facilitating access to DPSS benefits for homeless	Though there is not yet a specific time line, DPSS could begin taking applications at	DPSS is currently meeting with the Sheriff, DHS, and DCFS on this and will expand to include other appropriate departments. For example, currently, DPSS takes GR applications at Twin Towers for inmates with mental health needs who are about to be released and who were on SSI prior to

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		patients and inmates prior to discharge.	County jails and/or DHS hospitals in 2006.	incarceration, or for those deemed potentially eligible for SSI. The possibility of expanding this project to include other aid programs and/or other groups of homeless inmates is currently being explored. Conditional upon additional resources, DPSS could out-station DPSS staff at the Central Jail and/or other County jails to assist individuals exiting jail in applying for CalWORKs, GR, Food Stamps, and Medi-Cal.  Links with DPSS Item 23.
22. <b>DPSS: CalWORKs – Current Participants</b>	<p>A. Assign case managers to all homeless CalWORKs families to assist them in finding permanent housing while on aid.</p> <p>B. Provide “life skills” and “money management” classes to CalWORKs families and individuals to better prepare them for exiting DPSS benefit programs.</p> <p>C. Pilot case managers providing services to help prevent homelessness for CalWORKs families where aid will be terminated because the only remaining eligible child will be reaching the maximum age limit.</p>	<p>A. Annual CalWORKs Single Allocation costs are as follows: 72 GSWs at \$4,639,000; and 9 GSSs at \$702,000</p> <p>B. Costs not available at this time; cost would depend on number of families participating in these classes and the type of provider for the classes.</p> <p>C. No additional cost for pilot</p>	<p>A. Pilot started May 2005; fully implemented Countywide in July 2005.</p> <p>B. Partially implemented at this time.</p> <p>C. Pilot targeted for July 2006.</p>	<p>A. As of July 2005, all 24 CalWORKs district offices have homeless case managers on staff.</p> <p>B. DPSS homeless case managers initiate referrals to Broad Spectrum for Homeless CalWORKs families for money management training and tax preparation assistance. DPSS is continuing to explore the possibility of adding life skills classes and expanding both to the total CalWORKs caseload.</p> <p>C. Continuing the services and expanding to all districts will be dependent on pilot results and available resources.</p>
23. <b>DPSS (Sheriff): Benefits for Homeless Inmates Program</b>	Expand the DPSS Twin Towers GR program whereby DPSS staff take GR applications for certain inmates pending imminent release. DPSS proposes to expand the program to the Central Jail; include other benefit programs, such as Food Stamps, CalWORKs and Medi-Cal; and provide application assistance to all inmates who are likely to be homeless upon release.	Sheriff is currently conducting a survey of homeless inmates in all County jails to determine the number of inmates who would likely qualify for various benefits administered by DPSS. In February 2006, an estimate of the staffing	Within 2006	

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		and benefit costs of this recommendation will be developed based on the results of this survey.		
<b><i>Department of Children and Family Services</i></b>				
24. <b>DCFS: Transitional Housing Program (THP)</b>	Secured funding from California State Department of Social Services (CDSS) for Transitional Housing Program Plus (THPPlus) services. The THPPlus funds will increase the Transitional Housing Program beds by at least 50 beds for 2006/07 (from 244 to 294).	DCFS was awarded \$600,000 in matching funds to implement THPPlus services.	March 2006	DCFS issued a Request for Information (RFI) in December 2005 to determine if there are any community partners who can provide THPPlus services and the funding match.
25. <b>DCFS: Permanency Partners Program (P3)</b>	Expand P3 to increase services to dependent youth ages 12 and older that are currently in long term foster care. The goal of P3 is to create a partnership with a youth to connect them with individuals who are currently or who have in the past, been significant in the youth's life. If successful, the youth will exit foster care to permanency through reunification, adoption or legal guardianship. The P3 program has expanded services to the emergent runaway population that has been identified, to assist in placement stabilization and permanency planning. As a comprehensive strategy for addressing the runaway youth population is developed, P3 techniques and staff will continue to be utilized to support the Department's efforts to promote safety and permanency for all youth in care.	DCFS and CAO are currently exploring funding options for 2006/07.	Hiring authority has been received for CSW items and hiring is commencing immediately.  DCFS and CAO are in discussion regarding remaining items and funding for next fiscal year.	
26. <b>DCFS: Community Partnerships</b>	Create alliances with CBOs and landlords capable of providing permanent housing and social services for foster youth who wish to reintegrate into communities.	Cost may be negligible.	In process.	DCFS continues to work with CDC and others to expand housing opportunities.
27. <b>DCFS: Governmental Partnership</b>	Work with the Housing Authority of the County of Los Angeles and other municipal housing authorities to make Section 8 vouchers available to foster youth who "age out" of DCFS.	Cost is not yet known.		
<b><i>Cross-Departmental</i></b>				
28. <b>Cross-Departmental: Discharge Standards/ Guidelines</b>	Ensure that all discharging departments complete the Discharge Standards/Guidelines by tailoring the template to meet their specific departmental needs.	No cost foreseen at this time.	July 2006.	Departments have been provided ample opportunity to review and revise the template. Upon Board approval, departments will have until July 2006 to tailor and implement the standards/guidelines.
29. <b>Cross-Departmental: Universal Discharge Form</b>	All County health and human services departments that provide inpatient and residential services as part of their policies/procedures will develop a discharge risk assessment form that includes a scoring system to identify, on admission to inpatient and residential services, those patients/inmates/foster kids who may have complex needs following discharge.	No cost foreseen at this time.	July 2006.	A work group will be convened by the CAO to develop the universal discharge form.

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30. <i>Cross-Departmental:</i> <b>Inventory Data Base</b>	Develop a housing data base to use as a tool for identifying housing opportunities (emergency, transitional, and permanent), with homeless persons as the priority, and support services.	Phase I: \$ 81,000 Phase II: \$198,000	Phase I short-term; Phase II long-term (six to eight months).	CAO currently exploring a contract to develop and maintain database. Phase I would focus on critical needs areas in the County; Phase II would focus Countywide.
31. <i>Cross-Departmental:</i> <b>Community Partnership</b>	Create alliances throughout the County with CBOs capable of providing support services and/or permanent housing for individuals returning to their communities.			
32. <i>Cross-Departmental:</i> <b>Client Data Base</b>	Develop an Internet-based data base that would, at a minimum, provide chronological information on services provided to discharged persons who become homeless in an effort to eliminate duplication of services.	Sheriff estimates the total cost, including start-up fees, is \$215,000. There will be no further cost since the data base will be maintained by the Sheriff.	Development could be short-term (less than six months).	This would work in concert with the standard discharge guidelines and universal discharge form. Confidentiality issues are being explored.
33. <i>Cross-Departmental (DPSS, LACOE, Probation, DCFS):</i> <b>Transition Age Youth (TAY) Education and Social Services</b>	Develop an educational and social services initiative for youth aging out of eligibility for County services.	Life skills classes for DCFS and Probation youth in out-of-home care are within the DCFS budget and paid through the State's allocation for the Independent Living Program.	Life skills classes have been implemented.	<p>The curriculum of DCFS' contracted life skills classes provides information to youth on how to address various social skills/issues (e.g., health and relationships), during their transition to independent living.</p> <p>Through the Emancipation Program Partnership, DPSS is currently working with DCFS and Public Counsel on an initiative to integrate Independent Living Program services with GR for former foster youth who are now on GR. The purpose of this is to assist these individuals (between the ages of 18 and 21) with expanded services, such as housing and case management.</p> <p>Probation has reported that they will collect data to project departmental need in relation to this recommendation and to assist with identifying strategies.</p>
34. <i>Cross-Departmental:</i> <b>SPA-Based Housing Locators/Specialists</b>	All discharging departments or groups, establish at least one SPA-based team of housing specialists in each SPA responsible for helping clients overcome barriers to obtaining permanent housing.	The total cost for housing locators would depend on the number of families/individuals served. According to CDC, housing locator services cost at least \$1,500 for each successful permanent housing placement.	DPSS plans to execute a contract for housing locators for CalWORKs homeless families by July 2006.	DPSS is working with CDC, DCFS, DMH, Probation, CAO, and County Counsel to structure the DPSS Request for Proposals for housing locator services for CalWORKs homeless families, in such a way that other departments will have the option of purchasing housing locator services for their clients from the contractor(s) secured by DPSS.

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		DMH will fund two housing specialists per SPA, funded by MHSA at a cost of \$922,958, effective January 2006: 5 Medical Case Worker II's 8 Mental Health Service Coordinator I's	Currently, DMH funds two housing specialists in two SPAs; 14 additional staff to be hired in March 2006.	